

	<b>TRANSMITTAL FORM</b>	Attorney Docket No. <b>RPS920000107US2</b> <b>1931P</b>
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In re the application **Mark E. COHEN, et al.**

Confirmation No: **7531**

**RECEIVED**

Serial No: **09/802,659**

Group Art Unit: **2116**

**OCT 06 2004**

Filed: **March 9, 2001**

Examiner: **Du, Thuan N.**

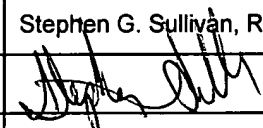
**Technology Center 2100**

For: **Method and System For Managing Power In A System Having An Internal USB Hub**

ENCLOSURES (check all that apply)					
<input checked="" type="checkbox"/>	Amendment/Reply	<input type="checkbox"/>	Assignment and Recordation Cover Sheet	<input type="checkbox"/>	After Allowance Communication to Group
<input type="checkbox"/>	<input checked="" type="checkbox"/> After Final	<input type="checkbox"/>	Part B-Issue Fee Transmittal	<input type="checkbox"/>	Notice of Appeal
<input type="checkbox"/>	Information disclosure statement	<input type="checkbox"/>	Letter to Draftsman	<input type="checkbox"/>	Appeal Brief (in triplicate)
<input type="checkbox"/>	<input type="checkbox"/> Form 1449	<input type="checkbox"/>	Drawings	<input type="checkbox"/>	Status Letter
<input type="checkbox"/>	<input type="checkbox"/> (X) Copies of References	<input type="checkbox"/>	Petition	<input checked="" type="checkbox"/>	Postcard
<input type="checkbox"/>	Extension of Time Request *	<input type="checkbox"/>	Fee Address Indication Form	<input type="checkbox"/>	Other Enclosure(s) (please identify below):
<input type="checkbox"/>	Express Abandonment	<input type="checkbox"/>	Terminal Disclaimer		
<input type="checkbox"/>	Certified Copy of Priority Doc	<input type="checkbox"/>	Power of Attorney and Revocation of Prior Powers		
<input type="checkbox"/>	Response to Incomplete Appln	<input type="checkbox"/>	Change of Correspondence Address		
<input type="checkbox"/>	Response to Missing Parts	*Extension of Term: Pursuant to 37 CFR 1.136, Applicant petitions the Commissioner to extend the time for response for xxxxx month(s), from to .			
<input type="checkbox"/>	<input type="checkbox"/> Executed Declaration by Inventor(s)				

CLAIMS					
FOR	Claims Remaining After Amendment	Highest # of Claims Previously Paid For	Extra Claims	RATE	FEE
Total Claims	10	20	0	\$18.00	\$ 0.00
Independent Claims	2	3	0	\$86.00	\$ 0.00
				Total Fees	\$ 0.00

METHOD OF PAYMENT	
<input type="checkbox"/>	Check no. _____ in the amount of \$ _____ is enclosed for payment of fees.
<input checked="" type="checkbox"/>	Charge any fees or credit any overpayment to Deposit Account No. <u>50-0563</u> (Sawyer Law Group LLP)

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Attorney Name	Stephen G. Sullivan, Reg. No. 38,329
Signature	
Date	September 30, 2004

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on September 30, 2004	
Type or printed name	Irena Nikolova
Signature	